U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Ose Solly		en e	
READ THE INSTRUCTIONS	SCAREFUL	LY BEFORE PREPARING THIS REPORT.	
E OLMS OF			
1. File Number U - X(1)		2. Fiscal Year Covered From:	
		[] / [] / [04] Through: [Z] / 3]	/ 04
3 Name and address of person filing.		4. Name, file number, and address of labor organization.	,
Name GINA L Richardson		Name L.I. U. N.A. Laborers Local 916	en en materiale de la companya de l La companya de la companya de
		Labor Organization File Number 008-221	: .
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5. Position in labor organization.			
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Enter appropriate data below If, during the past fiscal year, you	or your spo	use or minor child directly or indirectly had any of the following int	erests
		sions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loan monetary value from an employer whose employees your	organizati	derived income or other economic benefit of on represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).		a. Nature of Interest. Transaction, or Income.	
Name			
Trade Name, if any:		:	Trumber de de la constante de
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	Sign	ature	
15. Signature and verification. The undersigned declares, unde submitted in this report (including the information contained in any undersigned's knowledge and belief, true, correct, and complete.	accompany	ing documents) has been examined by the signatory and is to the	best of the
	,	A a d	
(Signed) Duna K. Ki Chardson		on 8-9-05 x 573-562	-1249
		Date Telephone Numbe	10170

B. Held an interest in or derived income or economic benefit with monstary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or ordinerectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.  8. Name and address of Business (including trade name, if any).  9. Business deals with:  1. a. Labor Organization  1. b. Trust  1. c. Employer  1. c. Employer  1. d. if 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  1. 1. a. Nature of such dealing.	
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:	
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:    a. Labor Organization   b. Trust   c. Employer	
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10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:	
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11.b. Approximate dollar value of such dealing.	
State ZIP Code + 4 12.a. Nature of interest held or income received.	yy
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12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  14.a. Nature of payment.	
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13.b. Is the Business an Employer or Consultant 14.b. Amount of payment.	